



PTO/SB/21 (04-04)

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Application Number	10/764,125
Filing Date	January 23, 2004
First Named Inventor	ZDEBLICK, MARK
Art Unit	3762
Examiner Name	Unassigned
Attorney Docket Number	021308-000710US

Total Number of Pages in This Submission

**ENCLOSURES (Check all that apply)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input checked="" type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Technology Center (TC)<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Return Postcard<br>6 Reference Copies<br>PTO/SB/08A and /08B Forms |
|--|---|---|

Remarks

The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Townsend and Townsend and Crew LLP	Reg. No. 48,268
Signature		
Date	9/15/04	

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name Tiffany Wu

Signature

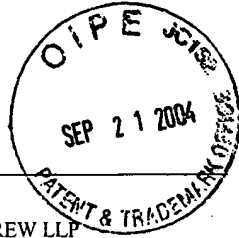
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PATENT  
Attorney Docket No.: 021308-000710US

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450



On 02-15-04

TOWNSEND and TOWNSEND and CREW LLP

By: [Signature]  
Tiffany Wu

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

ZDEBLICK et al.

Application No.: 10/764,125

Filed: January 23, 2004

For: METHOD AND SYSTEM FOR  
REMOTE HEMODYNAMIC  
MONITORING

Examiner: Unassigned

Art Unit: 3762

SUPPLEMENTAL INFORMATION  
DISCLOSURE STATEMENT UNDER 37  
CFR §1.97 and §1.98

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

The references cited on attached form PTO/SB/08A and PTO/SB/08B are being called to the attention of the Examiner. Copies of the references are enclosed. It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

Applicant believes that no fee is required for submission of this statement.

However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,



Scott M. Smith  
Reg. No. 48,268

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60307614 v1

Substitute for form 1449B/PTO

**INFORMATION DISCLOSURE  
STATEMENT BY APPLICANT**

(use as many sheets as necessary)

**Complete if Known**

Sheet	3	of		Application Number	10/764,125
				Filing Date	January 23, 2004
				First Named Inventor	ZDEBLICK, MARK
				Art Unit	3762
				Examiner Name	Unassigned
				Attorney Docket Number	021308-000710US

**U.S. PATENT DOCUMENTS+**

Examiner Initials*	Cite No. <sup>1</sup>	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number Kind Code <sup>2</sup> (if known)			
	AA	US-4,399,820	08-23-1983	Wirtzfeld et al.	
	AB	US-4,628,934	12-16-1986	Pohndorf et al.	
	AC	US-4,877,032	10-31-1989	Heinze et al.	
	AD	US-5,411,532	05-02-1995	Mortazavi	
	AE	US-5,593,430	01-14-1997	Renger	

**FOREIGN PATENT DOCUMENTS**

Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document			Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T <sup>6</sup>
		Country Code <sup>3</sup>	Number <sup>4</sup>	Kind Code <sup>5</sup> (if known)				
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**NON PATENT LITERATURE DOCUMENTS**

Examiner Initials *	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>
	AF	Borky, J.M. and Wise, K.D., "Integrated Signal Conditioning for Silicon Pressure Sensors" <i>IEEE Transactions on Electron Devices</i> , Vol. ED-26, No. 12 (December 1979) pp. 1906-1910.	

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Examiner Signature		Date Considered	
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.

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